stated. It is, that *when during the progress of labour any portion of the ovum has quitted the cavity of the uterus, it can never be replaced.* As soon as any of the liquor amnii is discharged, the walls of the uterus become closely applied to the contour of the child, and the size of its cavity *pro tanto* diminished. Just in proportion as the parts of the child quit this cavity, does its size continue diminishing, and neither a spontaneous nor artifical return of these is possible. So it is with the funis; the cavity of the uterus having diminished in size since its descent, there remains no longer room for it. The general conclusion to be drawn is, that when the funis is prolapsed, to save the child, we must resort to turning, and place no reliance on the various instruments which have been contrived for its replacement.—*Ibid.*, from *Ibid.*, Band xxv. p. 45.

54. *Spontaneous Rupture of the Uterus—Recovery.*—James Church, Esq., has communicated to the *Lancet* (May 19) a case of spontaneous rupture of the uterus, in a corpulent woman 42 years of age, during her tenth labour, in which recovery took place. The rupture extended from near the fundus towards the left side, through which the child escaped. Mr. C. introduced his hand into the uterus and delivered the child, which was dead.

55. *Subacute Inflammation of the Ovaries and of the Fallopian Tubes as one of the Causes of Sterility.*—Dr. Tilt read a paper before the Westminster Medical Society (April 28) on this subject. After dividing the causes of sterility into those which are self-evident, those which are disputable, and those which are of a mysterious nature, Dr. Tilt drew the attention of the Society to subacute ovaritis as a frequent cause of sterility. He founded this assertion—

I.—On physiological data.
II.—On the testimony of authors.
III.—On the cases which he brought forward.

He began by establishing the paramount importance of the ovaries in the hierarchy of our organs, showing that the anatomical phenomena of ovulation were identical to those termed inflammatory, and thus led us to believe that in morbid ovulation the healthy process might often pass into the inflammatory, and furnish a satisfactory explanation of the increase of pains and of heat in the ovarian regions—symptoms so frequently met with in difficult menstruation. He considered that subacute inflammation of the ovaries might produce all those symptoms which are called by the common name of dysmenorrhœa, although they may also depend on the disorder of other organs. He also admitted that the symptoms of subacute ovaritis might vary according to the nature of the patient's constitution, producing hysterical symptoms in nervous and highly excitable females, and morbid products and sterility in those of a strumous constitution.

II.—Dr. Tilt proved, by the testimony of authors, the frequency of unaccounted-for ovarian lesions; and as these lesions are admitted by all to be the products of inflammation, he drew, as an evident conclusion, that the ovaries and their peritoneal covering were frequently subjected to inflammation, though not recognized as such during the patient's life, nor treated accordingly. Respecting the production of dysmenorrhœa, Dr. Tilt admitted, that in some instances all the symptoms of that disease were produced by subacute ovaritis, while in others, as it has been well established by Dr. Oldham, ovaritis determines dysmenorrhœa by the inflammatory congestion of the uterus to which it gives rise; but he did not agree with Dr. Rigby that membraniform exudations in the catamenia were always the proof of ovaritis. Having thus established that subacute ovaritis is a frequent cause of dysmenorrhœa, Dr. Tilt observed that dysmenorrhœa and sterility being admitted as concomitant facts, depending on each other, or on the same cause, he had a right to infer that subacute ovaritis was a cause of sterility, and that this imperfection was the result—

1. Of morbid lesions of the stroma, or of the vesicles of the ovula therein contained.

2. Of a false membranous deposit lining the ovaries, so as to preclude the exit of the ovula.

3. Of lesions in the tube destined to convey the ovula to their uterine abode. He likewise stated that sterility was sometimes produced by the uterine extremities being blocked up by a glutinous deposit, and asked—whether there was any possibility of doing for these organs what Mackintosh and Simpson have done in similar cases of temporary occlusion of the neck of the womb.

In concluding the enumeration of morbid lesions, Dr. Tilt remarked that as our physiology of the ovaries dates only from yesterday, we need not be surprised if the knowledge of their pathology is also in an embryotic state.

III. The paper was concluded by Dr. Tilt's giving three cases in which the diagnosis of the disease was fully confirmed, by an accurate examination of the patient through the rectum, and wherein the treatment recommended brought on the cessation of sterility after it had lasted five, six, and seven years. The remedial measures prescribed were leeches, to diminish the chronic ovarian congestion; blisters, to break the chain of a morbid nervous action, fostered by long habits of suffering; mercurial ointment, combined with narcotic extracts and camphor, to reduce pain and vascular action; and medicated enemata were administered with the same intention.—*Lancet*, May 5.

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56. *Cases of Sudden Death after Delivery.*—Dr. McCowan stated to the Edinburgh Obstetric Society (Jan. 10), that on the 16th June, 1845, he was requested to visit Anne Barker, æt. twenty-one, stated to be in labour with her first child. On his arrival, he found her suffering from spurious pains, and complaining much of difficulty of breathing, and pain in left sub-mammary region. The face was very œdematous, as also the lower extremities. Under the usual treatment the pains subsided. During the two following days she complained occasionally.

On the 19th she had much pain in her side; respiration laborious; pulse, which had hitherto been about 70 to 80, rose to 120, but feeble. Venesection to ten ounces produced faintness, without alleviating the pain. She was then cupped to four ounces, with immediate relief.

About three A. M. of the 20th, labour commenced, and proceeded naturally and speedily till nine A. M., when she was delivered of a still-born male child, and instantly expired.

Post-mortem.—The body presented a generally œdematous appearance.

On opening the thorax, the pericardium was found distended with a dark fluid. The heart was much enlarged, extending about two inches to the right of the sternum. Right ventricle very thin and dilated. The aortic opening could with difficulty admit the point of the little finger; its valves were hard and cartilaginous. The whole heart was filled with coagulated blood. The surfaces of the pleuræ were strongly adherent; the greater part of the left lung was hepatized. The uterus and other organs seemed healthy.

Dr. Simpson stated that, ten or twelve years ago, when acting as resident house-surgeon in the Lying-in Hospital, he was called by a midwife to see a patient who had suddenly fainted and died immediately after the expulsion of the infant. The uterus, as felt through the abdominal parietes, appeared firm and contracted. The labour had been natural, without any hemorrhage or any other complication. An autopsy was not obtained; but the anterior history of the patient showed the probability of the existence of diseased heart. A short time afterwards a patient, attended by one of the pupils of the hospital, rose up and stood for the first time about a week after delivery. She immediately fainted and expired. There had been nothing particular in the history of the labour or convalescence. Drs. Denman, Clarke, Blundell, Meigs, &c., had recorded notices of cases of this kind of sudden death during labour, or after it, without convulsions or hemorrhage. Dr. S. had always taught that the existence of heart or chest disease formed a kind of complication, which was not only extremely anxious in itself, but that generally incapacitated the patient from bearing with impunity, for any great length of time, the struggles and efforts of a prolonged second stage. He considered such a complication an indication for earlier instrumental assistance than would be deemed necessary under other circumstances.—*Monthly Journ.*, May 1849.